

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA0349400
Code assigned by DOJ

Type of Application: License, Certification, Permit

Job Title or Type of License, Certification or Permit: Check Cashers Permit

Agency Address Set Contributing Agency:

Department of Justice

05466

Agency authorized to receive criminal history information

Mail Code (five digit code assigned by DOJ)

P.O. BOX 903387

CCP

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

Sacramento CA 94203-3870

(916) 227-3250

City State Zip Code

Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Driver's License No. _____
Last First

Date of Birth: _____ Sex: ☐ Male ☐ Female Misc. No. **BIL-** N/A
Agency Billing Number (if applicable)

Height: _____ Weight: _____ Misc. No: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box

Place of Birth: _____
City, State and Zip Code

SOC: _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service ☒ DOJ ☐ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

()

Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency

ATI No.

Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA0349400
Code assigned by DOJ

Type of Application: License, Certification, Permit

Job Title or Type of License, Certification or Permit: Check Cashers Permit

Agency Address Set Contributing Agency:

Department of Justice

05466

Agency authorized to receive criminal history information

Mail Code (five digit code assigned by DOJ)

P.O. BOX 903387

CCP

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

Sacramento CA 94203-3870

(916) 227-3250

City State Zip Code

Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Driver's License No. _____
Last First

Date of Birth: _____ Sex: ☐ Male ☐ Female Misc. No. **BIL-** N/A
Agency Billing Number (if applicable)

Height: _____ Weight: _____ Misc. No: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box

Place of Birth: _____
City, State and Zip Code

SOC: _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service ☒ DOJ ☐ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

()

Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA0349400
Code assigned by DOJ

Type of Application: License, Certification, Permit

Job Title or Type of License, Certification or Permit: Check Cahsers Permit

Agency Address Set Contributing Agency:

Department of Justice

05466

Agency authorized to receive criminal history information

Mail Code (five digit code assigned by DOJ)

P.O. BOX 903387

CCP

Street No. Street or P.O. Box

Contact Name (Mandatory for all school submissions)

Sacramento CA 94203-3870

(916) 227-3250

City State Zip Code

Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____ Driver's License No. _____
Last First

Date of Birth: _____ Sex: ☐ Male ☐ Female Misc. No. **BIL-** N/A
Agency Billing Number (if applicable)

Height: _____ Weight: _____ Misc. No: _____

Eye Color: _____ Hair Color: _____ Home Address: _____
Street or P.O. Box

Place of Birth: _____
City, State and Zip Code

SOC: _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service ☒ DOJ ☐ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or P.O. Box

Mail Code (five digit code assigned by DOJ)

City State Zip Code

()

Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____ Date: _____
Name of Operator

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____